

ISSUE SLIP-STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	9/13/99
O.I.P.E. CLASSIFIER		8	9-21-99
FORMALITY REVIEW	5.0523		9-27-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/13/99
2	✓	✓	9/13/99
3	✓	✓	9/13/99
4	✓	✓	9/13/99
5	✓	✓	9/13/99
6	✓	✓	9/13/99
7	✓	✓	9/13/99
8	✓	✓	9/13/99
9	✓	✓	9/13/99
10	✓	✓	9/13/99
11	✓	✓	9/13/99
12	✓	✓	9/13/99
13	✓	✓	9/13/99
14	✓	✓	9/13/99
15	✓	✓	9/13/99
16	✓	✓	9/13/99
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18	✓	✓	9/13/99
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29	✓	✓	9/13/99
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44	✓	✓	9/13/99
45	✓	✓	9/13/99
46	✓	✓	9/13/99
47	✓	✓	9/13/99
48	✓	✓	9/13/99
49	✓	✓	9/13/99
50	✓	✓	9/13/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy